Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 7/1/2018
through 12/31/18

Type of Recipient Committee:
☐ Of Holder, Candidate/Controlled Committee
☐ State Candidate Election Committee
☐ Recall (Also Complete Part 5)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributions Committee
☐ Political Party/Central Committee
☐ Primarily Formed Committee
☐ Primarily Formed Candidate/Of Holder Committee
(Also Complete Part 5)

Type of Statement:
☐ Pre-election Statement
☐ Semi-Annual Statement
☐ Termination Statement
(Also See Form 460 Termination)
☐ Amendment (Explain below)

Treasurer(s)

Shirley Buchanan

West Covina Improvement Association

West Covina, CA

Signature of Treasurer or Assistant Treasurer

Shirley Buchanan

West Covina, CA

Signature of Controlling Owner, Candidate, State Measure/Proponent, Responsible Officer, or Sponsor

Signature of Controlling Owner, Candidate, State Measure/Proponent

Signature of Controlling Owner, Candidate, State Measure/Proponent

Date

4/30/2019

Date

4/30/2019

Date

4/30/2019

Date

4/30/2019
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Carolyn Arndt</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Chairman</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>West Covina, CA</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>ID. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>DISTRICT NO. IF ANY</td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
## Contributions Received

<table>
<thead>
<tr>
<th>Item</th>
<th>Schedule</th>
<th>Line</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>ScheduleA</td>
<td>Line 3</td>
<td>$198.52</td>
<td>$198.52</td>
</tr>
<tr>
<td>Loans Received</td>
<td>ScheduleB</td>
<td>Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Subtotal Cash Contributions</td>
<td>Add Lines 1 + 2</td>
<td></td>
<td>$198.52</td>
<td>$198.52</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>ScheduleC</td>
<td>Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total Contributions Received</td>
<td>Add Lines 3 + 4</td>
<td></td>
<td>$198.52</td>
<td>$198.52</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Item</th>
<th>Schedule</th>
<th>Line</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>ScheduleE</td>
<td>Line 4</td>
<td>$311.50</td>
<td>$585.50</td>
</tr>
<tr>
<td>Loans Made</td>
<td>ScheduleH</td>
<td>Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Subtotal Cash Payments</td>
<td>Add Lines 6 + 7</td>
<td></td>
<td>$311.50</td>
<td>$585.50</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>ScheduleR</td>
<td>Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>ScheduleO</td>
<td>Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total Expenditures Made</td>
<td>Add Lines 8 + 9 + 10</td>
<td></td>
<td>$311.50</td>
<td>$585.50</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Item</th>
<th>Previous/Summary Page, Line 16</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$155.55</td>
<td>$198.52</td>
<td></td>
</tr>
<tr>
<td>Cash Receipts</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>ScheduleL, Line 4</td>
<td>$311.50</td>
<td></td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 3</td>
<td>$542.67</td>
<td></td>
</tr>
<tr>
<td>Ending Cash Balance</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 16</td>
<td>$542.67</td>
<td></td>
</tr>
</tbody>
</table>

If this is a termination statement, Line 16 must be zero.

## Expenditure Limit Summary

<table>
<thead>
<tr>
<th>Item</th>
<th>Date of Election (mm/dd/yyyy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditures Made</td>
<td>1/1/2018</td>
<td>$585.50</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative. Figures that should be subtracted from previous period amounts. If this is the first report, being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
### Schedule A
#### Monetary Contributions Received

**Amounts may be rounded to whole dollars.**

**Statement covers period:**
- From: 7/1/2018
- Through: 12/31/18

**Contributor Codes:**
- IND — Individual
- COM — Recipient Committees (other than PTY or SCC)
- OTH — Other (e.g., business, entity)
- PTY — Political Party
- SCC — Small Candidate Committees

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**Name of Filer:** West Covina Improvement Association

**ID Number:** 1344966

### Contributions Received

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and ZIP Code of Contributor</th>
<th>Contributor Code</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative To Date Calendar Year (Jan. 1-Dec. 31)</th>
<th>Per Election To Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/18</td>
<td>U.S. Bank 3250 Big Dalton Ave. Baldwin Park, 91706</td>
<td>CREDIT TO ACCT For CK Printing</td>
<td>18.52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/24/18</td>
<td>Tom Measman West Covina, CA</td>
<td>Retired</td>
<td>25.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/24/18</td>
<td>Elsie Measman West Covina, CA</td>
<td>Retired</td>
<td>25.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/24/18</td>
<td>Beverly Buithuis West Covina, CA</td>
<td>Retired</td>
<td>15.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/12/18</td>
<td>Carolyn Anewt West Covina, CA</td>
<td>Retired</td>
<td>105.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal:** $198.52

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**Schedule A Summary**

1. Amount received this period — itemized monetary contributions.
   - (Include all Schedule A subtotals.) $198.52

2. Amount received this period — unitemized monetary contributions of less than $100...

3. Total monetary contributions received this period.
   - (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $198.52
## Schedule E Payments Made

### Name of Filer
West Covina Improvement Association

### Codes:
- **CMP**: campaign paraphernalia/misc.
- **CNS**: campaign consultants
- **CTB**: contribution (explain non-monetary)*
- **CVC**: civic donations*
- **FIL**: candidate filing/ballot fees
- **FND**: fundraising events
- **IND**: independent expenditure supporting/opposing others (explain)*
- **LEG**: legal defense
- **LIT**: campaign literature and mailings
- **MBR**: member communications
- **MTG**: meetings and appearances
- **OFC**: office expenses
- **PET**: petition, circulating
- **PHO**: phone banks
- **POL**: polling and survey research
- **POS**: postage, delivery and messenger services
- **PRO**: professional services (legal, accounting)
- **PRT**: print ads
- **RAD**: radio, airtime and production costs
- **RFD**: returned contributions
- **SAL**: campaign workers' salaries
- **TEL**: t.v. or cable airtime and production costs
- **TRC**: candidate travel, lodging, and meals
- **TRS**: staff/sponsor travel, lodging, and meals
- **TSF**: transfer between committees of the same, candidate/sponsor
- **VOT**: voter registration
- **WEB**: information technology costs (internet, e-mail)

### Name and Address of Payee

<table>
<thead>
<tr>
<th>Payee</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angie Gillingham, West Covina</td>
<td>CFC</td>
<td>Reimbursement for supplies for candidate forums (9/2, 9/26, 10/10)</td>
<td>24.50</td>
</tr>
<tr>
<td>Dr. David Speak, Professor, Political Science, Cal State Pomona, 3801 W. Temple Ave, Pomona, CA</td>
<td>M+G</td>
<td>Moderator for Candidate Forums (For use for all forums: 9/2, 9/26, 10/10)</td>
<td>100.00</td>
</tr>
<tr>
<td>24 hr. Anytime Mail, West Covina, CA</td>
<td>CFC</td>
<td>Assoc. Mail Box &amp; KU Rental</td>
<td>84.00</td>
</tr>
</tbody>
</table>

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### Schedule E Summary

1. Itemized payments made this period: (Include all Schedule E subtotals)...
2. Unitemized payments made this period of under $100...
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 2, Column (e))...
4. Total payments made this period: (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)...

Subtotal $208.50

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
Schedule E
Payments Made

NAME OF RECIPIENT: West Covina Improvement Association

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP: campaign, parapernalia/misc.
- CNS: campaign consultants.
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FND: fundraising events
- FIL: candidate filing/fees
- IND: independent expenditure/sustaining/opposing others (explain)*
- LEG: legal defense
- LTG: campaign literature/mailings
- MBR: member communications
- MTG: meetings/appearances
- OFC: office expenses
- PET: petition circulating
- PHT: phone bills
- POL: polling/survey research
- POS: postage, delivery, and messenger services
- PRO: professional services (legal, accounting)
- PRT: print ads
- RAD: radio airtime and production costs
- RFD: returned contributions
- SAL: campaign workers' salaries
- TEL: telephone, cable, and production costs
- TSC: candidate travel, lodging, and meals
- TRS: staff/spouse travel, lodging, and meals
- TSF: transfer between committees of the same candidate/sponsor
- VOT: voter registration
- WEB: information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. A. County Library Services</td>
<td></td>
<td>Short Term Insurance Policy for Use of Meeting Room @ J.A. County Library 103 1st Street, West Covina</td>
<td>$103.00</td>
</tr>
<tr>
<td>660 N Downey Ave, Suite 204, Long Beach, CA 90801</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................... $ 311.50
2. Unitemized payments made this period of under $100 ................................................................. $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ........ $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6c) ........................................... TOTAL $ 311.50

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)